DEPARTMENT OF EDUCATIONP.O. Box 167
Concho, OK 73022



(405) 422-7646 (405) 422-7439 (405) 262-0345 Ext. 27646 Tele-Fax (405) 422-8211 1-800-247-4612

HIGH SCHOOL SENIOR GRADUATION ASSISTANCE

Available for Cheyenne & Arapaho Tribal Students

Cheyenne and Arapaho seniors who will be eligible to graduate in May can receive \$100 graduation assistance to be applied toward senior expenses, after we have received the following documents:

FOUR THINGS ONLY.

- 1. a letter from the school registrar or counselor stating the senior has enough credit hours and will be eligible to graduate with his/her class in May.
- 2. a CDIB (certificate of degree of Indian Blood) from the Cheyenne and Arapaho Tribes Enrollment Office, not a copy of your tribal i.d. card (if you do not have a copy of your CDIB you may call our enrollment office at 405-422-7600) to request one to be to our office. They can also send on to you. There is no charge for CDIBs.
- 3. a copy of the order form or invoice with a balance due, and be sure the company or vendor address is clearly listed. The payment will be mailed directly to the vendor or company in approximately two weeks. The assistance will be no more than \$100. If there is a balance due, then that will be the parent's responsibility.
- 4. a completed Education Gaming application. The gaming application can also be copied from our website www.c-a-tribes.org/education. Simply google Cheyenne and Arapaho Tribes then click on programs, click on Department of Education then click on Higher Education. The form can also be mailed or faxed.

You may fax the items to 405-422-8211 and be sure to mail the originals to PO Box 167, Concho, OK 73022 ATTENTION: Higher Education. If you cannot mail the items, ask your counselor or advisor at your school to assist you in mailing the four documents to our office. You may contact our office at the numbers listed above. Once we have received the four items, your name will also be placed on our list of graduates to be invited to our graduation banquet in May. Thank you.

Cheyenne Arapaho Education Department Higher Education Gaming Application



Academic Year 20_____ - 20____ **Date of Application**Which of the following categories are you applying for funds?
(Please read and check one of the following. If you are unsure of which category to check, please read "EDUCATION DEPARTMENT PROGRAMS

GAMINIC ALLOCATION PLAN 2005"

		CATION PLAN 2005		IENT PRO	OGRAMS		
1. Direct College Expenses sneed, full time student expenses s						ines with demonstrated	d
2. Part Time Student Exportance students.	enses – Tuition and fe	ees for part time students	s at approve	ed college, w	rhich includes but n	not limited to non-serv	ice
3. College GPA Incentive	Awards - based on se	emester GPA for full tin	ne students				
4. HS Senior Expenses –	not to exceed \$100 pe	er student for High Scho	ol Senior g	raduation an	d related expenses.		
5. Graduation from GED,	HS and College Incer	ntives -					
6. College Prep Expenses (student who participate in the Ol Admission fees.							1
7. Correspondence Course school and college students who				gree plan for	graduation. Summ	er School fees for hig	h
8. Enrichment Programs -	Assistance for Studen	nts who have been selec	eted to parti	cipate in an	academic program	or camp.	
9. Haskell and SIPI Exper	nses – Fees – No trave	el allowed, but students	may contac	et our office	to inquire of HOPF	assistance.	
		or anowed, our students	may comme	t our office	o inquire of fror 2		
10. Special Circumstances			may comme	or our office	o mquito or rror i		
	and Special Requests	s for Assistance			oq		
10. Special Circumstances	and Special Requests	s for Assistance - PARENT/GUARDIA	N OF STU	JDENT			
10. Special Circumstances	and Special Requests	s for Assistance PARENT/GUARDIASS#	N OF STU	UDENT			
10. Special Circumstances PART 1 – TO BE COMPLETE STUDENT'S NAME	and Special Requests D BY STUDENT or AGE	s for Assistance PARENT/GUARDIA SS# GRADE	N OF STU	UDENT			
10. Special Circumstances PART 1 – TO BE COMPLETE STUDENT'S NAME DATE OF BIRTH	and Special Requests ED BY STUDENT or AGE	s for Assistance PARENT/GUARDIA SS# GRADE CITY	N OF STU	J DENT - STATE	ZIP		
10. Special Circumstances PART 1 – TO BE COMPLETE STUDENT'S NAME DATE OF BIRTH ADDRESS	and Special Requests D BY STUDENT or AGEPHONE_ LE ()MARRIED	s for Assistance PARENT/GUARDIA SS# GRADE CITY SEX ()DIVORCED	_MF	J DENT - STATE E-mail add	ZIP		
10. Special Circumstances PART 1 – TO BE COMPLETE STUDENT'S NAME DATE OF BIRTH ADDRESS MESSAGE PH MARITAL STATUS: ()SING	and Special Requests CD BY STUDENT or AGE PHONE LE ()MARRIED ASE ATTACH A COR	S for Assistance PARENT/GUARDIA SS# GRADE CITY SEX ()DIVORCED (PY OF YOUR CDIB.	M OF STU	J DENT STATE E-mail add ENTS(not in	ZIP ress cluding student)		
10. Special Circumstances PART 1 – TO BE COMPLETE STUDENT'S NAME DATE OF BIRTH ADDRESS MESSAGE PH MARITAL STATUS: ()SING ROLL# PLEA	and Special Requests D BY STUDENT or AGE PHONE LE ()MARRIED ASE ATTACH A COR ES AND ADDRESS: The addition contained in red for the Administration of rm solicits the required infor a data on individuals is for deprovide the requested inform provide the requested inform solicits.	S for Assistance PARENT/GUARDIA SS# GRADE CITY SEX ()DIVORCED (PY OF YOUR CDIB. STATEMENT OF I Bureau of Indian Affairs High 25 USC, Subchapter E, Part E, f the funds appropriated for the rmation. Use of personal data we letermining eligibility of the ap nation will preclude the applicant	MF DEPENDING PRIVACY er Education A Administration program and ivill be available int from eligibil	JDENT STATE E-mail add ENTS(not in of Educational in order to prove to authorized s provide the mea ity in obtaining I	ZIP	the general authority of 24 Assistance for Higher Educa and to declare eligibility, ce applicant should understand statistical records required of e under this program.	tion. ertain I that f this

Return To: EDUCATION DEPARTMENT, ATTN: GAP, Cheyenne & Arapaho Tribes, P O Box 167
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